

Personally Speaking

All About People

Volume 1, Issue 8

DIVISION OF MENTAL RETARDATION SERVICES

October, 2006



2006 Town Hall Meetings

Wednesday, October 18th, 7:00 p.m.

Nashville

Jack Wood Hall, Adventure Science Center
800 Ft. Negley Blvd.

Thursday, October 19th, 7:00 p.m.

Clarksville

Customs House Museum and Cultural Center
200 So. 2nd St.

Tuesday, October 24th, 7:00 p.m.

Memphis

Memphis City School Board Auditorium
2597 Avery Ave.

Wednesday, October 25th, 7:00 p.m.

Jackson

Harvey Auditorium, Union University
1050 Union University Dr.

Wednesday, November 1st, 7:00 p.m.

Chattanooga

Siskin Children's Institute
1101 Carter St.

Thursday, November 2nd, 7:00 p.m.

Cookeville

Pacesetters, Inc.
Day Programs Bldg.
435 Universal Dr.

Tuesday, November 14th, 7:00 p.m.

Greeneville

Greene Valley Developmental Center Gym
4850 East Andrew Johnson Hwy.

Wednesday, November 15th, 7:00 p.m.

Knoxville

Knoxville Marriott Hotel
500 Hill Ave. SE

Open Wide!

- VSA at the Ryman
- This Does Compute!
- Prom of the Stars
- Father Knew Best



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15th FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

Dear Friends:

It is time again for the DMRS annual town hall meetings. This will be our fourth venture around the state hosting these sessions to provide you information on what has transpired the past year, what we are addressing presently and our plans for the future. These meetings are equally important in that they present an opportunity for me to hear your thoughts, views and opinions.

Please accept this letter as an invitation to one of these presentations. The experience will be very beneficial to you and the Division. DMRS staff will be in attendance to answer your questions and provide assistance in any manner.

Review the list of our events for October and November. There will be more than one opportunity in each area of the state for attendance. I certainly hope you can join us and look forward to seeing you!

Sincerely,

Stephen H. Norris
Deputy Commissioner

"VSA at the Ryman" Celebrates the Power of the Arts

The Historic Ryman Auditorium will resound with the spirit of the arts when award-winning singer Ginny Owens and other artists from VSA arts Tennessee take the stage for "VSA at the Ryman" at 7:30 p.m. Wednesday, October 25.

The concert is open to the public and will feature the talents of Owens, Laura Dodd, Carol Ponder, and Chris O'Brien – four acclaimed musicians who have not let their disabilities get in the way of their success. The program also will feature performances by Daniel Janvrin, Wes Heydel, Seth Link and Angela Mosley winners of the VSA arts Tennessee Young Soloists Award.

The evening will honor Lana Seivers, the Tennessee Commissioner of Education who has been a strong supporter of VSA arts Tennessee, which creates opportunities for people with disabilities to learn through, participate in, and enjoy the arts. Among the initiatives VSA arts Tennessee has launched are a statewide Arts in Education program supported by the Tennessee Department of Education, and a statewide career forum for artists in partnership with the Tennessee Arts Commission.

"VSA at the Ryman will be a night to remember – a night of extraordinary talent and inspiration," said Lori Kissinger, Executive Director of VSA arts Tennessee. "Our goal at VSA arts is to ensure that everyone – no matter what their ability – has access to the arts. The Ryman Auditorium has helped launch some of the world's greatest performers, so we at VSA arts are delighted to celebrate the talents of our musicians on this stage."

About the artists

- *Ginny Owens* – A consummate songwriter and performer, Ginny Owens résumé includes three Dove Award wins, including New Artist of the Year, as well as a host of mainstream television appearances. Most recently, Owens appeared on CNN to educate viewers about the non-profit organization she launched in 2005, the Fingerprint Initiative, and its ongoing work with Habitat for Humanity and Hurricane Katrina recovery efforts. Owens recently released a CD of her greatest hits, *If You Want Me To: The Best of Ginny Owens*.
- *Laura Dodd* – A native of Gadsden, AL, Laura Dodd has performed in musicals, on television, and has opened for several internationally-known stars, such as Maynard Ferguson, Sandi Patti, Patty Loveless, Josh Turner, Rascal Flatts, and Bruce Hornsby. Laura has toured extensively around the country, including performing the national anthem for President

Bush to open a Little League game at the White House.

- *Carol Ponder* – A native of Southern Appalachia, Carol Ponder works to preserve and extend the Southern Mountain and Folk traditions. She has produced two CDs that received critical acclaim, and is currently working on a CD of songs related to American wars. A recipient of the Tennessee Arts Commission's annual Fellowship in Music, Ponder appears regularly in Nashville and represented the state with a solo concert on the Millennium Stage at the John F. Kennedy Center for the Performing Arts in Washington, D.C.
- *Chris O'Brien* – Originally from Western New York, Chris O'Brien completed his debut CD "Last to Know" with Grammy-nominated producer Michael Bush in 2005. The CD includes a song written by Michael Bush and Don Scott called "Goin' Nowhere Fast," as well as a remake of the Parker McGee song "I'd Really Love to See You Tonight."

VSA arts also will present Commissioner Seivers with the 2006 VSA arts Tennessee Award of Excellence for an Arts Supporter during the concert. Seivers has been instrumental in securing state and federal funding for VSA arts, including a "Challenge America" grant from the National Endowment for the Arts. She also helped arrange a performance for children with disabilities that will take place earlier on October 25 at the Ryman.

Tickets to the event are \$20.00 and can be purchased online at www.VsaArtsTennessee.org, by

calling 615-826-5252 or sending checks to VSA arts Tennessee at 1210 Lake Rise Place, Gallatin, TN 37066.

VSA at the Ryman is sponsored by the National Endowment for the Arts, Harman Becker Automotive, Nashville Metro Arts Commission, Publix Supermarket Charities, GAP, Memorial Foundation, Caterpillar Financial Services, First Tennessee Bank, White House Kiwanis Club, and Gallatin Lion's Club.

About VSA arts of Tennessee

VSA arts Tennessee was formed in 2002 in Gallatin, TN as an affiliate of the Washington DC based VSA arts International, which was founded by Jean Kennedy Smith in 1974. The mission of VSA arts is to empower individuals with disabilities by enriching arts education, providing career development opportunities for artists, raising awareness of disabilities through art endeavors, and creating greater access to the arts for all.

VSA arts Tennessee offers music, visual art and writing competitions, art exhibitions, an international educational arts exchange, a summer arts camp, and numerous performance opportunities. VSA arts Tennessee is the only VSA arts affiliate to have been awarded a 2006 National Endowment for the Arts Challenge America Grant. The organization also received the 2006 National VSA arts Award for Public Awareness and Access.





THIS DOES COMPUTE!

DMRS Scrolls Into the Future

Inserting New Computer System

ISIS. It sounds like a would-be girlfriend for Robbie the Robot on the 60's TV show "Lost in Space." Delete that. No, ISIS stands for Integrated Services Information System, a super high-tech application for centralizing data that DMRS is implementing. In basic terms it will support what the Division does as a business in four major areas: Services Accounting, Services Planning, Services Delivery and Quality Management.

ISIS was born several years ago when it was identified the Division needed an updated system. The present system that is being replaced was originally designed as a mechanism to compensate providers. As time passed it took on a life of its own with more functions being added. The software was never intended to run across a network.

"The processes we utilize presently are very cumbersome," said DMRS Director of Integrated Technology Barbara Charlet. "The value of ISIS is immense. The sharing of information with providers and the speed in which it will be disseminated will be greatly enhanced. Items like cost planning, billing, TennCare claims, and client and provider information will be elevated to a new level of functionality. The bottom line is that it will make better the services and supports provided to Tennesseans with mental retardation, and that is why we are here."

You know the saying, "Rome wasn't built in a day." The implementation of ISIS is an immensely complex project requiring a protracted time frame. There is the determination of how to improve DMRS' business practices; establishing business requirements and documenting, basically streamlining the paper processes to automate. Obtaining funding, assembling staff, software procurement – the list goes on and on.

DMRS is working with The North Highland Company, a management and technology consulting service, to establish needs

and schedules. The new system's requirement for Services Planning and Services Accounting should be complete in December or January. The process of securing a company to integrate the system – install, program, test and train DMRS staff – will take place in Spring 2007, integration would begin in the fall and the last screw turned, switch flipped and button pushed would be in Spring 2009. Now, understand that's just for Services Accounting and Services Planning!

"It is a major challenge," said Charlet. "You do not stop using the present system and implement a bright, shiny new one. The old or present system and ISIS have a low sandbox factor – they don't play well together. It requires a great amount of effort to marry the systems during the transition. When it is all said and done our staff can hold their heads high. Project Manager Steve Lundwall and everyone in DMRS IT are doing some very creative things in laying the groundwork for ISIS."

Don't think Services Delivery and Quality Management are the low areas on the totem pole. Not true. All the other components must be in place first. There will be some facets of Quality Management active sooner than later, but as Charlet will tell you, the operative word for ISIS is patience.

"There is just no way to pinpoint a time when ISIS will be complete. If you think about it, our business constantly changes. In accordance ISIS will change, so there is no period at the end of this sentence. However, in the future there will be a lot of exclamation points when persons refer to ISIS after seeing what it will do." ■

From the Desk of Deputy Commissioner Stephen H. Norris

Over the past two years, DMRS has been fashioning a comprehensive quality management system. I am



pleased to inform you of our accomplishments in this area and of the corresponding provider recognition program.

With assistance from the Center for Medicaid and Medicare Services advisers, DMRS Director of Quality Assurance Pat

Nichols and her staff authored a system of outcome-based survey tools. Also, new methods were instituted for reviewing incident and investigation data, along with other quality-related information available in our system. This material is analyzed to paint a portrait of provider performance.

The Division now has two years' of residential, clinical and support coordination agency data through the use of this new system.

One aspect of the system is restructured monitoring. Adjustments were made in the frequency agencies were reviewed, based on performance. Specific criteria are utilized in

determining the number of DMRS visits to an agency. Based on these criteria a designation is given for strong performance. Three stars signify exemplary service and supports, while four stars denote outstanding. Twenty providers have attained one of those ratings and I will present each one with a certificate during the upcoming town hall meetings tour.

In addition to these 20 agencies, around 40 more are close to attaining one of the designations for the coming year. Congratulations to those agencies for meeting the Division's high standards and encouragement to all others as you work to elevate your performance.

Hats off to Pat and her staff for great work. It is gratifying for all involved in the Division that agencies are operating at such a high level. The very important bottom line is: Around the state, Tennesseans with mental retardation are receiving quality care and support. ■

2006 Prom of the Stars Shaping Up to Shine Bright!

The time for those dapper gents in tuxes and lovely ladies in evening gowns is fast approaching. It's the 2006 Prom of the Stars, a free Knoxville event for the physically and mentally challenged, ages 15 and over. The prom, in its fourth year, will be held November 11th at the Knoxville Convention Center and is expected to be the largest gala thus far.

The event draws throughout East Tennessee.



Fundraising is underway and there are several ways for persons to get involved:

God's Creation Calendars

2007 spiral-bound wall calendars with scripture verses for each month. These are available for a donation of \$10.00 each.

Pancake Breakfast

Saturday, October 14th from 9:00 a.m. – 11:00 a.m., Farragut Christian Church, 138 Admiral Road, Knoxville, \$5.00.

Sponsor Table

\$250.00 per table. Great project for a work group, Sunday School class, youth group, family or business. There will be 70 tables set up for the attendees.



For a sponsor table or calendar, please send your monetary donation to: Farragut Christian Church, 138 Admiral Road, Knoxville, TN 37934, Attention: Jim Riner. List "Prom of the Stars" in the notes section of the check and list either calendar or sponsorship.

For more information contact Jim Riner at: riner7@charter.net.

FATHER KNEW BEST DMRS Attorney's Father Flew High in Her Eyes Prominent Figure in U.S. History

We are poor little lambs, who have lost our way, Baa, Baa, Baa...

Remember the 70's TV show "Baa Baa Black Sheep" starring Robert Conrad? Conrad played World War 11 fighter pilot hero Greg "Pappy" Boyington who led a squadron of so-called misfits in the Pacific. The group, nicknamed the Black Sheep, fashioned a stellar combat record which spawned numerous books and the television program.

DMRS legal counsel Marilyn Tucker isn't necessarily a military historian, but she knows all about the Black Sheep. Marilyn's dad, Burney, was a member of the herd of aviators and a certified war hero.



Marilynn Tucker, DMRS Legal Counsel

"Dad didn't talk much about his war experiences with me; I was his baby girl," said Tucker. "The Black Sheep had their 25th reunion in the 1970's at the Smithsonian Museum in Washington; it was after that event and the TV show that he started opening up some. He was interviewed for books and did speaking engagements."

Burney Tucker was born and raised in Murfreesboro. A passion about flying developed at an early age and a strict upbringing provided discipline, determination and respect, qualities which would serve him well in the military. He became an honor student at the old Central High where he was an All-State fullback.



Burney Tucker in his Navy Corsair

Upon graduation it was on to Middle Tennessee State Teachers College (now Middle Tennessee State University) where he became the star quarterback.

When the United States declared war on Japan following Pearl Harbor, Tucker heard the call to duty. He enlisted, became a Navy aviation cadet, trained for a year, and then opted to become a Marine Corps pilot due to his fascination with a new powerful fighter plane, the Corsair, which was earmarked for the Marines.

"I don't think there was ever any doubt dad was going to fly," said Tucker. "He had a high IQ and those quick reflexes from sports. Of course the way he was raised he was very patriotic and devoted to the cause. He was anxious to get into the fight and his favorite saying was 'The sooner begun, the sooner done.'"

"However, dad was human. When he shipped out in June 1943 he was admittedly nervous and a little scared. You think about it; small-town boy leaving family, friends and school venturing into the unknown. But he was so committed."

Historians describe Pappy Boyington as one of the most unforgettable characters in the history of combat aviation. His reputation as a swashbuckler was known far and wide. Boyington was a heavy drinker, belligerent and possessed a disdain for military protocol. However, he could "walk the walk and talk the talk," becoming an



Greg "Pappy" Boyington

ace with 22 "kills" and being awarded the Congressional Medal of Honor from President Harry S. Truman.

Boyington was given the green light by his superiors to hand pick a fighter unit from replacement, unassigned and "casual" personnel available in the Marine aviation rear echelon. His criteria were skill, aggressiveness and experience. Marilyn's dad fit the bill.

"Dad had some doubts about the wisdom of being led into battle by Boyington. Their personalities were vastly different. Dad was this shy, soft-spoken Southerner with a genteel manner. The best example of being opposites was one time when the Black Sheep went on leave in Australia. Pappy and the other guys stayed in the bars and partied. Dad visited the zoo, went to movies and did early Christmas shopping.

"But dad recognized Boyington's skill. Pappy was an instructor by nature and a good leader. Dad said he could learn a great deal about tactics and the capability of his plane and the enemy's equipment. Plus it was finally a chance for him to see action."



Burney Tucker (far right) and fellow Black Sheep

Father Knew Best...cont.

Action Tucker did see, and plenty of it. The Black Sheep Squadron gained fame in 84 days of service, destroying or damaging 194 planes, troop transports and supply ships sunk and ground targets destroyed. Tucker flew in formation with Boyington and for a while was his wingman. Tucker was credited with four "kills," one short of being an ace. However, there were several unconfirmed downings of enemy planes.

"Dad didn't care one bit about notoriety and being a star," said Tucker. "He was doing his job. He didn't boast because he was taking human life. What he took from the war and cared about were the close friendships. Combat forges strong emotions and bonds. He and his war buddies remained close and I still get Christmas cards from some of them."

The "Baa Baa Black Sheep" TV show did put the squadron in the spotlight. The program had a short run on the NBC



Marilynn and Dad

network, and while not getting very high ratings it did have its followers, and there was little strafing by critics. From the veterans came mixed reviews.

"Dad thought it was too fictionalized," said Tucker. "But he didn't complain and he was flattered the squadron was being recognized. The guys stayed in touch and

Dad was glad to see everyone benefiting. It also helped Pappy a great much as he went through tough times in civilian life."

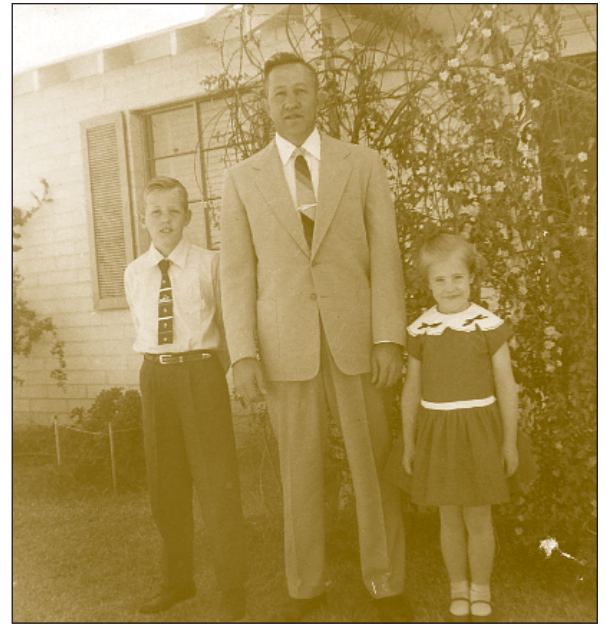
Following his combat tour Tucker returned to the states, married his long-time sweetheart, Anita, and became a flight instructor. The war ended in August 1945, but Tucker's work was far from over. He was assigned to occupation duty in Japan.

It was during this time that Tucker developed an interest in architecture. His occupation duties lasted nearly a year. In August 1946 he was discharged and began life as a civilian.

"Dad was enamored with the lines and curves of Oriental architecture, actually the whole culture," said Tucker. "He decided he wanted to become an architect, went to school at Georgia Tech and apprenticed seven years in Phoenix. Then it was back to middle Tennessee where he designed a great many buildings in Murfreesboro. He did additions to the Civil War-era courthouse, worked on churches and schools. He also worked on state government buildings. It was the hometown hero and hometown boy back home, doing good."

Marilynn's brother Greg, was born in 1946 while "Dad" was on occupation duty. Marilynn came some years later. When she reached her teenage and young adult years she enlisted and became a proud member of the rebellious youth movement. The scenario: A button-down, conservative war hero and an anti-everything daughter. "Dad's" dogfights in the Pacific had to be a piece of cake compared to the jousting with his flower child.

"We had our moments, because Dad didn't agree with much I did and said," Tucker



(L to R) Greg, Burney and Marilynn Tucker

said smiling. "But you'd be surprised. I can tell you, he hardly ever criticized. There was a lot of trust and respect. Dad was a great father and wonderful husband. It was unconditional love, there was never any doubt how much he cared for me and my brother. I've tried to instill his values and ideals into my two sons. What better model."

Burney Tucker entered the hospital in 1986 for hip replacement surgery. A crash landing and several other rough ones in the war had taken its toll over time. There were complications following surgery and he passed away at the age of 65. At the time of his death he was planning on renewing his pilot instructor license to teach Marilyn to fly.

"He was my hero, plain and simple. I was and am so proud of him. He was so young when he went to war, in his early 20's – just like all the other boys. They were so far from home involved in tenacious fighting. It was either him or his adversary. That was a form of bravery almost unfathomable. I guess that's why they call them 'The Greatest Generation.' I miss him."

Special thanks to Greg Tucker, Marilyn's brother, who resides in Murfreesboro. Greg provided the photos for this story and a long narrative he has written on his father. The material was invaluable and immensely interesting. ■

Medical Message

Dr. Adadot Hayes, M.D., DMRS Medical Director

Temperament and ADHD in Persons with Mental Retardation

Temperament displays a person's nature especially as it affects behavior. It is genetically coded and determines how we relate to people, places and things. Differences in temperaments often explain differences in understanding people and also, often why opposites attract. This is why often a "lark" (someone who wakes early) often marries an "owl" (someone who likes to stay up late). This could have a positive or negative outcome. This also might be seen in a couple where one is "a neat freak" and the other is a little more laid back about organization.

Descriptions about differences in temperamental types go back to 2500 BC when first described by Hippocrates; he described 4 types of temperaments: phlegmatic, choleric, sanguine, and melancholic. In the past 20 years, temperamental types have been a focus in the pediatric world to describe behavior, both positive and negative, in children. This includes the Carey Temperament Scale which describes differences in behavior and interaction in babies and children and also the popular theories of Berry Brazelton in the 1980's who described babies as either easy, difficult, or slow to warm-up.

Recently, more sophisticated theories have been based on the work of Carl Jung, a disciple of Freud. Jung first described temperamental opposites such as introversion and extraversion and thinking and feeling. Building upon this work, Myers and Briggs have developed 16 personality types based on temperament. These types of temperamental categories are now being used by many people including business organizations to help people understand differences in personal interactions. If you would like to find out



*Dr. Adadot Hayes, M.D.
DMRS Medical Director*

your temperamental style, you can take a quick survey via the internet at www.humanmetrics.com/cgi-win/JTypes1.htm.

Individuals with mental retardation also have great variances in temperament and this should be understood as we support and plan for their lives. Understanding these issues may help us to avoid negative outcomes of interactive behavior as well as to support various strengths for success. An example would be understanding the challenges of serving 2 people who are living together; one who is quite active, requires little sleep and likes to be outdoors who lives with one who sleeps long hours, is fairly laid back, likes to stay home and is less interested in novel experiences.

While people with mental retardation have as varying temperamental styles as the typical population, it is fairly well accepted by those working in this field that there are a large percentage of individuals who seem to be quite active, impulsive, on-the-go, need little sleep and have difficulty focusing on activities. In some respects, these descriptions mirror those symptoms described for ADHD or attention deficit hyperactivity disorder. This disorder has features which fall into 2 main areas: inattention and hyperactivity/impulsive behavior. Features of inattention include behavior such as failing to follow instructions or finishing tasks, trouble keeping attention focused during tasks, frequently losing

items, excessive distractibility, and forgetfulness. Symptoms of hyperactivity/impulsive behavior include constant fidgeting, often leaving seat, running or climbing at inappropriate times, excessive speech, mood swings, difficulty in quiet play, failure to wait one's turn, and interrupting activities of others at inappropriate times especially speech. Obviously, some of these symptoms occur variously in all of us at one time or another and it is the complex we are focusing on, not individual factors.

There is considerable evidence to suggest that ADHD is not a recent phenomenon as Hippocrates described 2500 years ago a condition that seems compatible with what we now know as ADHD. In 1845, ADHD was alluded to by a German physician who also wrote a children's book titled *The Story of Fidgety Phil* which described a little boy who could be interpreted as having attention deficit hyperactivity disorder. Interestingly enough, this disorder was not fully recognized among the medical community until after the 1918-1919 influenza pandemic which left many survivors with encephalitis affecting their neurological functions. Many of these individuals exhibited behavior problems which correspond to ADHD.

Treatment was first attempted in 1937 when a group of children with behavioral problems improved after being treated with a stimulant medication. Since that time, starting around 1960, a variety of medications have been used to treat ADHD and currently nearly 4 million children younger than 18 in the United States have been diagnosed with attention deficit hyperactivity disorder. The prevalence among children is estimated to be in the range of 5%-8% and in adults 4%-8%. More boys than girls are diagnosed which would indicate that ADHD may be related to gender in some ways.

There has been some controversy in the diagnosis and treatment of ADHD with many people believing that the disorder does not exist (there is significant scientific evidence in the medical literature to demonstrate that it does) and some organizations such as Scientology

Medical Message...cont.

who have had campaigns against treatment. The diagnosis of ADHD requires a careful and thorough evaluation not only for treatment and understanding but also to rule out other similar diagnoses which would include other psychiatric diagnoses, speech and language disorder, hearing or vision impairment, lead toxicity, and physical or sexual abuse.

There are also several other developmental disabilities such as fragile X syndrome, fetal alcohol syndrome, pervasive developmental disorder, and neurofibromatosis that are highly co-morbid with ADHD. Some reports, for instance, report ADHD symptoms in up to 80% of individuals with fragile X syndrome. Another well known fact about people with ADHD is that they often have associated co-morbidity with disruptive behavior including oppositional defiant disorder, conduct disorder, bipolar disorder, post-traumatic stress disorder and Tourette syndrome. These disorders often cause difficulties in diagnoses and treatment when symptoms overlap and all of the diagnoses are not understood.

When ADHD symptoms affect the lives of both children and adults, there are often negative outcomes. Children develop severe behavior issues with secondary psychiatric co-morbidities, failure in school and social situations. Individuals in adult hood often demonstrate job loss, divorce, lower education and socioeconomic levels, substance abuse and legal problems. Another interesting feature of people with ADHD is the high incidence of smoking, alcohol use, and substance abuse. Some people believe that in part this may be self-treatment and related to poor self-image and failure in some area of people's lives.

Treatment involves a combination of medication and behavioral support. A national widespread study in recent years showed that the most effective treatment is medication, but behavior support and counseling does add to a positive outcome. Many medications are available today most of them in the stimulant category. The most widely used are some form of methylphenidate; either a short or

long acting application or, as recently approved by the FDA a patch, or amphetamines usually in the form of dextroamphetamine also in short and long acting oral forms. There is one non-stimulant medication in wide use, Strattera which has a different form of action (norepinephrine reuptake inhibitor) introduced in 2003. There are also a variety of second line medications which are often effective. There are multiple side effects reported which are variable from person to person and usually mild, but certainly should be considered for treatment.

Unfortunately, little is known about ADHD in persons with mental retardation which may be in part a result of what is referred to as "diagnostic overshadowing". This is a situation when clinicians attribute all symptoms, including behavior, to mental retardation. Unfortunately, this demonstrates that many people feel that people with mental retardation, by definition, should have behavior problems when in actuality most, as is true for the rest of the population, do not have behavior problems. Another issue is interpreting symptoms of individuals with mental retardation, particularly in the most severe type. However, medical research shows that ADHD can be successfully diagnosed in persons with mental retardation. There have been some studies of prevalence; including a study in 1998 by King et al., showing that 6.8% of adults in a developmental center in California fit the criteria for diagnosing ADHD.

For some reason, this is a diagnosis which is rarely considered in adults with mental retardation and it may be that psychiatrists who treat adults are not familiar with what is often considered a "childhood illness", however in recent years there has been focus on the diagnosis and successful treatment of adults with attention deficit hyperactivity disorder so that this may become a more widespread diagnosis to consider. Difficulties are similar in the population of persons with mental retardation and this includes a high incidence of people who are designated to be impulsive. A recent study showed that 50% of children with mental retardation were impulsive

compared to 20% of children without mental retardation. This symptom is often coded in a psychiatric diagnostic category known as impulse control disorder. Another difficulty with diagnosing ADHD in adults with mental retardation is that by definition symptoms should have started in childhood and sometimes that information is not available. In addition, symptoms are often clouded by secondary problems; most particularly, anxiety, depression, and PTSD symptoms which are all common in the population of people with mental retardation.

Treatment is the same for persons with mental retardation as those without, however clinical experience shows that persons with mental retardation appear to respond less effectively to medication treatment than the typical population. For instance, in most studies approximately 90% of children properly diagnosed respond to medication where as in a major study only 54% of individuals with mental retardation responded to medication treatment (Aman 1996). On the other hand, studies show that individuals with mental retardation may be more vulnerable to difficulties created by these symptoms and in many studies they are shown to have more problems with depression, family conflict, non-compliance, anxiety, hyperactivity, inadequate social skills, and academic problems.

Some behavioral treatments have proven quite valuable for individuals with mental retardation who also have ADHD. These include antecedent exercise where reduced over activity and off task behavior are a result. Also, differential reinforcement of other behavior provided by behavior support plans often result in decreased activity and increased on-task behavior and decreased problems with failure.

In conclusion, there are several important areas to consider when thinking about behavioral styles in people with mental retardation. First of all, it is important to recognize that among persons with mental retardation as well as the general population, people have different personality styles. We should consider this as it contributes to what is often

F · R · I · E · N · D · S



Emergency Planning

The Tennessee Developmental Disabilities Network has identified emergency management for individuals with developmental disabilities and their families as one of three network priorities for the coming year. As a first step in network activities, Terri Urbano, Ph.D., M.P.H., R.N., Director of Health and Associate Director of Training for the Vanderbilt Kennedy Center University Center for Excellence on Developmental Disabilities, and Julie Gallup, Tennessee Disability Law and Advocacy Center, attended the Working Conference on Emergency Management and Individuals with Disabilities and the Elderly, held in June in Washington, DC. This meeting brought together state leaders from Health, Emergency Management, and Homeland Security to work with their counterparts from the fields of disability and aging. The goal was for these individuals to continue to work collaboratively to assure that the needs of individuals with disabilities and older adults and their families are met during times of disaster.

Subsequently, the Tennessee state delegation has met.

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The annual Arts Issue of the Council's newsletter, *Breaking Ground*, is in production. Submissions from artists, poets, writers and photographers across Tennessee were reviewed for inclusion in the issue.

This year's issue partner is Nashville's League for the Deaf and Hard of Hearing. In addition, the Council is grateful for the full-color sponsorship of the issue by the Vanderbilt Kennedy Center for Research on Human Development.

The League for the Deaf and Hard of Hearing of Nashville originated the De'VIA (Deaf View/Image Art) Exhibit, a national juried competition. This year was the second annual event and two Tennessee artists were finalists. A separate statewide De'VIA Youth Competition was also held.

The Kennedy Center's commitment to artists with disabilities is well established. The Kennedy Center hosts four exhibits in its foyer every year.

Previous partners for the Arts Issue include VSA Arts Tennessee, the Frist Center for the Visual Arts and the Tennessee Arts Commission.

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Planning **A**lternative **T**omorrow's with **H**ope is a person-centered strategic planning process that was originated by Marsha Forrest, John O'Brien, and Jack Pearpoint, and that is aimed toward *Inclusive* practices. This visual team facilitated planning tool was originally brought to Tennessee through the funding support of the Council on Developmental Disabilities. Ruthie Beckwith and the Tennessee Microboard Association helped to bring Dave and Faye Wetherow to Tennessee to help train each of our Path Guides so we could start each and every Microboard in Tennessee with a Path. The use of Path has been very successful on a statewide basis.

We soon found this process to be such an effective planning tool that we now have used it in all types of situations, not just around a person in transition from young adulthood to the community or a child from a segregated classroom setting to an inclusive setting within their given school system. We have also used it start Residential Providers, to clarify the Mission of Ministries within Churches, and in a variety of other settings

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Coming This Winter to Tennessee—The Road to Freedom

Keeping the Promise of the Americans with Disabilities Act

In January 2007, the Road to Freedom, a national campaign and RV road tour will be coming to Nashville and Memphis, TN. The tour is being organized by Jim Ward, Founder and President of The National Coalition for Disability Rights, an alliance of hundreds of disability, civil rights, and social justice organizations united to defend and promote the American with Disabilities Act (ADA) and the human rights of children and adults with physical, mental, cognitive and developmental disabilities.

Launching on October 25, 2006, the *Road To Freedom* is an awareness campaign and yearlong, cross-country RV journey to expose mainstream audiences across the United States to the Americans with Disabilities Act (ADA) and the history of the disability rights movement — all while bringing needed attention to the ongoing struggle for equal access to healthcare, transportation, education, employment and more. Stops in Nashville and Memphis will be produced in partnership with the Tennessee Disability Coalition,

cont. page 11

F · R · I · E · N · D · S cont.

Vanderbilt...cont.

Initially, the group is addressing strategies for gathering input into the state emergency management plan from individuals with disabilities. A stakeholders meeting is planned for November 2006, with training for emergency responders and individuals with disabilities and their families planned for Spring 2007.

Dr. Urbano also is conducting community-based outreach training related to emergency preparation and response. She will present a three-part series on emergency preparation, response, and recovery for the MIND Training Project, which provides leadership training in the area of neurodevelopmental disabilities. Urbano can be contacted at terri.urbano@vanderbilt.edu, (615) 322-4999.

Access Nashville October Training

Access Nashville is a volunteer organization dedicated to identifying "accessibility friendly" locations in Nashville through collaboration with volunteers in disability organizations and the business community. Since 2004, Access Nashville has surveyed Nashville restaurants, entertainment attractions, and hotels.

Replicate this grass-roots project in your own community. Access Nashville can provide consultation and information for your agency, including: surveys, copies of correspondence to facilities/ volunteers/donors, rating descriptions, training information, certificates, event day schedule, and flyers. For more information visit

kc.vanderbilt.edu/accessnashville, (615) 322-8529 or (800) 640-4636.

TRIAD Autism Workshops

TRIAD (Treatment and Research Institute for Autism Spectrum Disorders) is presenting a workshops this month.

The ABA Workshop for Teams will be held 8:30 a.m.-3:30 p.m., October 18-20.

cont. next page

TCDD ...cont.

The Council welcomes short stories, poems, paintings, drawings or photographs throughout the year. Contributors are given a prominent by-line, a biographical note and copies of the issue. All submissions should include your name, hometown and a two or three sentence biography.

Submissions should be sent to:

Breaking Ground
c/o Ned Andrew Solomon
Tennessee Council on Developmental Disabilities
Andrew Jackson Building
500 Deaderick Street
13th Floor, Suite 1310
Nashville, TN 37243
E-mail: ned.solomon@state.tn.us
Phone: 615-532-6556
Fax: 615-532-6964

We also welcome subscriptions to *Breaking Ground*, which is distributed free of charge. Our newsletter informs you about innovative practices and projects that promote the independence, productivity, integration and inclusion of individuals with disabilities in their communities. Please send your name and address to:

Tennessee Council on Developmental Disabilities
Andrew Jackson Building
500 Deaderick Street
13th Floor, Suite 1310
Nashville, TN 37243
or e-mail your name and address to breakingground@vanderbilt.org.

Breaking Ground also is available on the Web at www.breakingground.org. ■



Sweet Dreams, by Clair Christofersen, Nashville

The ARC...cont.

and for a variety of situations. Recently, we found two new uses for the Path planning process thanks to the efforts and insight of the Central Office of DMRS. We have used Path with both the East Tennessee and West Tennessee Regional Offices of DMRS, most recently in collaboration with The Arc of Tennessee.

First, in East Tennessee, John Craven and the staff of the Satellite Regional Office in Chattanooga agreed to a Path between the RO staff and the staff of The Arc of Hamilton County. There had been a number of difficult situations that had arisen over the course of time which was leading to a great deal of frustration on the part of everyone involved at both agencies.

The quality of life for the individuals with disabilities and their families that were supported by these two agencies were beginning to show signs of high stress and a strain within each work environment was beginning to affect the quality of work as well.

Working together on a *Path for Communication* everyone involved from both agencies worked for positive and possible outcomes. The synergy in the room was apparent and very rewarding for all who participated in the Path.

Everyone involved is hoping to see great strides and improvements in the communication with one another over the next six months. Special thanks to Chris Jackson and Laura Brewer for their continued support and leadership.

Our next creative use of Path took place in the Regional Offices in Memphis and Jackson in West Tennessee, where Cate Newbanks with the support of Kay Gunkel and Susan Moss from DMRS Central Office, arranged for a Path for all staff who are currently employed in the RO as Case Managers.

cont. next page

The ARC...cont.

CO and RO staffs were both concerned that there had been an increased number of family complaints and concerns with regard to lack of follow-up, and thought it would be useful to do a *Path for Customer Service and Satisfaction*.

The case managers in both Memphis and Jackson openly discussed the problems they face on a daily basis, and an invigorating conversation followed, which included many possible solutions and positive outcomes. Caseload size, increasing expectation for the job, building trust and teamwork, supervision, time management and even the physical work environment itself was actively addressed by all in attendance.

First steps were identified and everyone involved felt it was a very worthwhile experience. In fact, after Stephen Norris received so many positive reviews of the Path for case managers in West Tennessee, he asked if Kathleen Clinton and John Craven would help to arrange Paths for the case managers in East and Middle Tennessee as well.

Special thanks to Ricky Allen and the very many talented and gifted staff who work for him for their honest discussion. We've used Path to improve Circles of Support on more than one occasion but this is the first time we used Path to improve our understanding of one isolated job within the Regional Office table of Organization. Together we are working to improve our system of supports and that feels good.

Path is nothing more than a planning tool, but from this writers perspective, if it assists us to work more closely together in collaboration with one another, and at the same time assists us to improve the quality of both our work environment and the quality of life for people with disabilities and their families, then that makes it a tool each of us should want to include in our person-centered tool box.

See more about Path at www.communityworks.info, www.inclusion.com, or call The Arc of Tennessee. ■

Vanderbilt...cont.

Designed for families, school personnel, and therapists, participants will learn how to use teaching methods consistent with the principles of applied behavior analysis. Teams consist of a maximum of four individuals working with a particular child.

The workshop will be held at Vanderbilt University. Space is limited to 16 participants on first-come, first-served basis. For cost and other information contact (615) 936-1705. ■

TDC ...cont.

Center for Independent Living of Middle Tennessee, Memphis Center for Independent Living, sponsoring corporations and businesses and public leaders. The stops will include music, technology demonstrations and other events to attract mainstream audiences and the media.

Tour riders will include Yoshiko Dart, Janine Bertram Kemp, Bobby Coward, Russ Holt, Jim Ward, Debbie Fletter Ward and Tom Olin, whose work will be the centerpiece of our traveling exhibit. Additionally, they have partnered with Family Diversity Projects (www.familydiv.org) in the production of a joint exhibit. FDP produces award-winning traveling exhibits that tour communities nationally and internationally and they are producing their first disability exhibit in partnership with ADA Watch/NCDR.

The Tour will include: Promotional Vehicles: The *Tour* vehicles will include one 40' accessible coach and a second accessible RV, both with colorful graphic vehicle wraps and one multimedia exhibit trailer.

Yearlong Presence with More than 70 Stops: The *Tour* will be a visible presence at pre-existing "mainstream" locations and events including shopping malls, sports events, fairs, schools, college and corporate campuses, parades, etc. Stops in major media markets will include radio/TV shows, Editorial Board meetings and Press Conferences. Educational and Historical Exhibits: The *Tour* will feature photojournalist Tom Olin's images and other artifacts of the history of the disability

movement for physical, educational and economic access. (Olin's work has been featured at the Smithsonian Institution.)

Focus on Youth Leadership: Particular attention will be paid to implementing youth components into the *Tour*, working with the *National Council on Disability's* Youth Advisory Committee to design and implement youth curriculum and activities.

Accessible Technology Kiosks: Central to the *Tour* will be a colorful presentation of the accessible technology that is advancing educational and economic opportunity for children and adults with disabilities.

Distribution of Disability Resources: A library of national, state and local disability resources will be made available to participants and the Media. The *Tour* will distribute resources for children and adults to obtain services, training and more to enhance their participation in society.

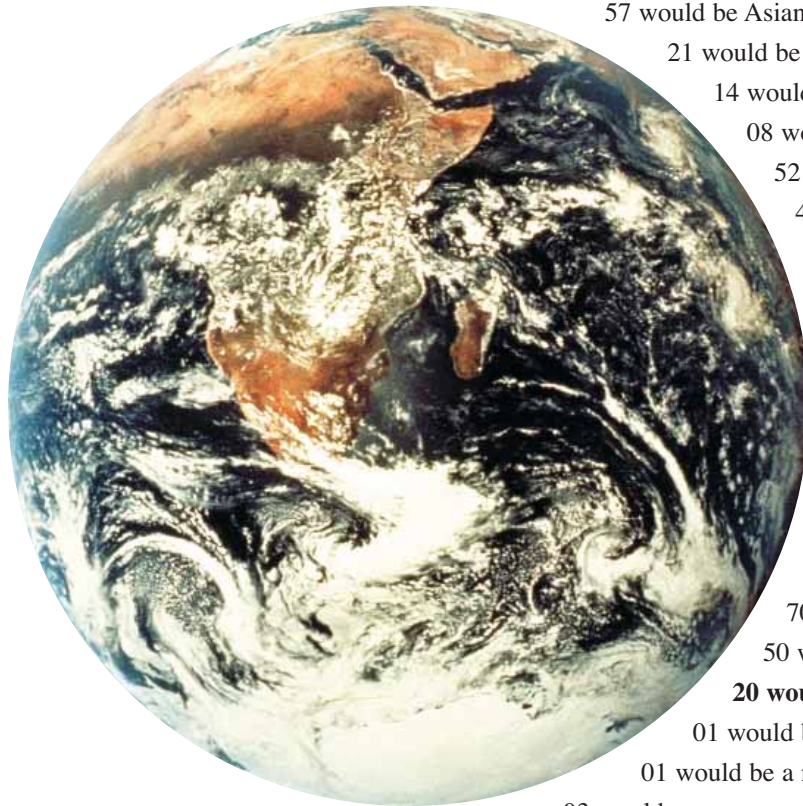
Highly Experienced Traveling Staff: The mobile *Tour* staff will include a senior nonprofit disability executive and advocate, a media and communications specialist, a former Fortune 500 corporate vice president of online marketing, an Air Force veteran with quadriplegia, as well as a photojournalist and social documentarian whose work has been exhibited at the Smithsonian Institution.

Coalition of Disability Partners: The *Tour* is being launched in alliance with our coalition partners. Our Co-Chairs, Curt Decker of the *National Disability Rights Network* and Nancy Starnes of the *National Organization on Disability*, lead a Board of Directors with representatives from *Paralyzed Veterans of America*, *AARP*, *National Spinal Cord Injury Association*, *ADAPT*, *Bazelon Center for Mental Health Law*, *National Association of Rights Protection and Advocacy*, *Disability Rights Education and Defense Fund*, as well as a National Advisory Council with representatives from the *Christopher Reeve Paralysis Foundation*, *Leadership Conference on Civil Rights*, *National Council on Independent Living*, *American Diabetes Association*, *Consortium of Citizens with Disabilities*, and more. ■

The World in Miniature

Let's put the world in perspective.

If there were only 100 persons in the world and they came to a party, who would show up?



57 would be Asian

21 would be European

14 would be from North or South America

08 would be Africans

52 would be female

48 would be male

70 would be non-white

30 would be white

70 would be non-Christian

30 would be Christian

89 would be heterosexual

11 would be homosexual

06 would possess 59% of the room's wealth – all of them from the USA

80 would live in substandard housing

70 would be unable to read

50 would suffer from malnutrition

20 would have a disability

01 would be near death

01 would be a newborn

03 would own a computer

When you view the world in this compressed fashion, you see the need for acceptance, understanding and education.

Medical Message...cont.

considered “goodness of fit”. This implies that we should consider peoples strengths and weaknesses in light of what we are expecting their behavior to be. Secondly, it is important to recognize that ADHD exists in persons with mental retardation. This is based on the basic genetic incidence (you do not lose all your genes just because you are mentally retarded), the fact that brain damage often leads to an increase in ADHD type symptoms and that ADHD is a part of several developmental disability syndromes such as fragile X syndrome.

So the question remains, should everyone have treatment and if so what does treatment consist of? The first approach to understanding behavioral difficulties and temperamental in anyone whether they be mentally retarded or not is understanding the persons strengths and weaknesses; this provides a framework in which to build on, knowing this it is possible to build on peoples strengths while avoiding weaknesses. Secondly, formal behavior programming and/or environmental adaptations might suffice. For instance, if someone has difficulty with large crowds

then a consistent activity on going to a mall on a Saturday afternoon would not be appropriate as it might be predicted that problems would develop. Finally, medication in some cases might be effective, but this should be done only after a thorough evaluation and discussion of the pros and cons and how this might affect other parts of the person's life. ■

TENNESSEE DISABILITY MEGA CONFERENCE

2007 Conference May 31-June 2 Nashville Airport Marriott

What is the Mega Conference?

A coalition of more than 50 disability related organizations in Tennessee have come together to plan our 5th annual statewide disability MegaConference, to be held in Nashville from **May 31- June 2, 2007**. Our shared purpose in creating this conference is to strengthen our bonds and promote understanding as we move forward together, united in our desire for independence, choice and dignity for all people.

What topic areas will the conference address?

- **Academics** (e.g., early intervention, preschool, elementary, secondary, higher education, and adult skills training, inclusion practices, etc)
- **Access** (e.g., to services, to programs, to buildings and to the physical environment, etc)
- **Administrative/Management** (e.g., supervision, administration, risk management, board development, fiscal responsibility, advisor role in self-advocacy movement, etc)
- **Assistive Technology** (e.g., augmentative/alternative communication, computers and software, environmental controls, adaptive equipment, seating and mobility, etc)
- **Disability Specific** (focuses on one or more aspects of a particular diagnosis)
- **Employment** (e.g., services, programs, strategies, self-employment, competitive and supportive, micro-enterprises, etc)
- **Empowerment** (e.g., person-centered thinking, self-directed supports, self-determination, self-advocacy and advocating for others, etc)
- **Housing** (e.g., home ownership options, rental options, affordability and accessibility, etc)
- **Interactive** (e.g. sessions that get participants involved in the presentation/activity)
- **Quality Supports** (e.g., facilitating independence, health and safety, nutrition, conflict resolution, respite care, quality of life issues, dignity and respect, etc)
- **Recreation and Leisure** (e.g., athletics, exercise, social activities and events, etc)
- **Relationships/Sexuality** (e.g., friendship, dating, and appropriate relationship behavior)
- **Systems Change** (e.g., grassroots organizing, legislative affairs, group advocacy, self-directed supports, inclusion practices, etc)

Who can apply to be a presenter at the conference?

The conference will bring together a wide range of people. We encourage applications from all those with knowledge and expertise in any or all of the topic areas listed above. In addition we are seeking presentations that address new and innovative ideas for this year's conference. Applications will be welcomed from individuals with and without disabilities and family members, volunteers, professionals and providers.

How will presenters be selected?

The Program Committee will accept call-for-presenter applications until the close of business on November 15, 2006. Presentations that reflect a collaborative effort between groups or individuals are especially encouraged. Applications will be selected according to a point scale. Points will be awarded according to the following criteria:

- A. Special preference will be given to sessions that are interactive and/or geared toward people with disabilities as the target audience.**
- B. PEOPLE FIRST LANGUAGE MUST BE UTILIZED (see attached PFL guide)**
- C. All sections of the application must be completed.**
- D. Subject matter adequately addresses one of the topic areas.**
- E. Presentation description is clearly written.**
- D. Learning objectives are clearly stated.**
- E. Session structure and organization are clearly defined.**
- F. Presenters have sufficient experience and knowledge of the subject matter.**

What resources will be available to presenters?

- The program committee will consider proposals for 75-minute sessions. The program committee will select a limited number of proposals, so please make sure that you are available to present May 31, June 1, and June 2, 2007 and that you do not have a scheduling conflict if your proposal is selected.
- Presentation rooms will hold between 55-72 people, depending on space configuration.
- Presenters who are chosen will be granted complimentary admission to the conference for the day of their presentation(s), *but will be responsible for their own meals, travel and lodging costs.*
- Special stipends may be available.

How will I know if I've been selected?

The Program Committee will contact chosen presenters by e-mail (or by phone if no e-mail address is available) by January 31, 2007. It is expressly understood that the presentation may be scheduled at any time on any of the conference dates at the discretion of the conference organizers.

Note: All copies of handouts and materials will be the responsibility of the presenter. Please be prepared to send your materials in electronic format to accommodate attendees who require alternative formats.

PROPOSAL DUE DATE:

By the end of business day, November 15, 2006

Please send proposals (via e-mail, mail, or fax) and address all questions to:

Lori Israel

MegaConference Program Committee

c/o The Arc of Tennessee

151 Athens Way, Ste 100

Nashville Tennessee 37228

Phone: 615.248.5878 x18

Fax: 615.248.5879

E-mail: ratwood@tnco.org

2007 Conference May 31- June 2 at the Nashville Airport Marriott

Electronically submitted proposals are highly encouraged

Call for Presenters

Form and Instructions

Application Deadline: November 15th, 2006

PART 1: Presentation Information

Presentation Title: _____

Summary of Presentation: *(The summary may be of any length, in narrative or outline form, and should provide clear explanation of what you will be talking about in your session. This information will be used by the program committee in the proposal selection process)*

People First Language Must Be Used

(Please refer to guide on People First Language on Page 7)



TENNESSEE DISABILITY MEGA CONFERENCE

Description of the Presentation: *(Maximum 50 words. The description will appear in the convention brochure and will aid participants in choosing sessions. Please word this so that it is understandable by all)*

Learning Objectives: *(An explanation of what you want the participants to learn from your session. These need to be written in measurable and observable goals. For example: The participant will be able to.... You may have to list more than one goal to cover your session content)*

Primary topic area that presentation addresses: *(check only one area. If the presentation will address more than one area, select the area of primary importance)*

- | | |
|---|--|
| <input type="checkbox"/> Administrative/Management | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Access | <input type="checkbox"/> Interactive |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Relationships/Sexuality |
| <input type="checkbox"/> Disability Specific: _____ | <input type="checkbox"/> Recreation and Leisure |
| <input type="checkbox"/> Education | <input type="checkbox"/> Systems Change |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Quality Supports |
| <input type="checkbox"/> Empowerment | _____ |

Type of presentation:

- | | | | |
|----------------------------------|--|--|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Networking Session / Discussion | <input type="checkbox"/> Interactive/ Hands-On Workshop |
|----------------------------------|--|--|---|

T E N N E S S E E D I S A B I L I T Y MEGA CONFERENCE

Intended Audience: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Self-Advocate /Persons with Disabilities | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Direct Support Professional |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Clinical Professional |
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> All of the above |

PART II: Presenter Information *(If more than one presenter, designate lead presenter and provide complete contact information for each presenter. List only those persons who will actually attend and present at the conference.)*

Presenter 1 Name: _____ Degree (if any): _____

Institution / Company: _____

Address: _____

City: _____ State: _____ Zip / Postal code: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-mail address: _____ Web site: _____

Presenter 2 Name: _____ Degree(if any): _____

Institution / Company: _____

Address: _____

City: _____ State: _____ Zip / Postal code: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-mail address: _____ Web site: _____

Presenter 3 Name: _____ Degree (if any): _____

Institution / Company: _____

Address: _____



City: _____ State: _____ Zip / Postal code: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-mail address: _____ Web site: _____

Biographical information for each presenter: *(Maximum 30 words. Include institution/company position/title, and related experience).*

Have you or any co-presenter(s) presented this proposal before? ____YES__NO

If yes, who was the presenter(s)? _____

Are you or any co-presenters affiliated in any manner with a company or organization whose commercial products you will be presenting or demonstrating?

____YES__NO

If yes, please explain affiliation: _____

T E N N E S S E E D I S A B I L I T Y MEGA CONFERENCE

Important note Re: AV requests

The Mega Conference has limited funds to supply audio-visual equipment in presentation rooms. Each room is set up theater style and supplied with projection screen, power strip, and equipment table. We are more than happy to fulfill your individual presentation needs, but would also appreciate each presenter bringing his or her own equipment, if available. The MegaConference **cannot provide laptop computers**. If your equipment needs to be changed before the conference, please let us know immediately. **Please note: We will not be able to fill last minute requests at the conference.**

Please respond to the following:

☐ I will be bringing my own equipment. Please List: _____

☐ I will need the following equipment: _____

☐ I do not need any AV equipment _____

PART III: Accommodations

Do you need any accessibility accommodations for your presentation? ____ YES ____ NO

If yes, please list _____

Submission deadline: November 15, 2006

Confirmation dates: The Program Committee will contact chosen presenters by e-mail (or by phone if no email address is available) by January 31, 2007. Proposal acceptance notification will include date, time and room assignment for presentation.



There are many acronyms and terms associated with the DMRS. In each issue of Personally Speaking we'll serve up a small portion of Division alphabet soup.

- APS Adult Protective Services
- CCD The Consortium on Citizens with Disabilities
- HHS U.S. Department of Health and Human Services
- IDEA Individuals with Disabilities Education Act

Here We Are!

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Leon Owens, Chief Officer

Clover Bottom Developmental Center

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615.231.5000
Levi Harris, Chief Officer

Greene Valley

Developmental Center

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Personally Speaking Listens!

Personally Speaking is a Tennessee Department of Finance and Administration, Division of Mental Retardation Services' bi-monthly publication, targeting DMRS stakeholders, which appears on the DMRS website and in print. Personally Speaking is written and produced by the DMRS Office of Communications.

Got ideas or opinions? Send them our way!

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